

REGULATIONS

The 7th October, 1970

No. 3426-2FR-70/27803.—In exercise of the powers conferred by clause (2) of Article 283 of the Constitution of India and all other powers enabling him in this behalf, the Governor of Haryana is pleased to make the following rules to further amend the Subsidiary Treasury Rules, Volume II (Revised Edition 1963) as adopted by the Haryana Government.—

1. These rules may be called the Punjab Subsidiary Treasury (Haryana Eighth Amendment) Rules, Volume II, 1970.
2. In the "Table of Forms" at page (iv) after form STR-22, insert form STR-22-A Medical Charges Reimbursement Bill (Gazetted Government Servants). In column 2 thereof insert Rule 4.27 A. After form STR-29 insert form STR 29-A Medical Charges Reimbursement Bill (Non-Gazetted Establishment) in column 2 thereof insert Rule 4.43-A.
3. After Form STR 22, insert the following as Form STR 22-A (Appended).
4. After Form STR 29, insert the following as Form STR 29-A (Appended).

ISHWAR CHANDRA,

Commissioner for Planning and Finance and
Secretary to Government, Haryana,
Finance Department.

FORM S.T.R. 29-A

(See Rule 4.43-A)

Medical charges Reimbursement Bill.

(Non-Gazetted Establishment).

Bill No. _____ District _____.

Voucher No. _____ List No. _____.

For _____.

Detailed Medical Bill of the Establishment of _____ for the month of _____ 19

HEAD OF ACCOUNT

Major Head _____ Grant No./Appropriation _____.

Minor Head _____ Group Head _____.

Detailed Head _____ Sub-Head or unit of _____.

Appropriation _____.

Voted/Charged.

Serial No.	Section of Establishment and name of incumbent	Gross claim	Recovery of advance	Net amount Payable	REMARKS
1	2	3	4	5	6
1.					
2.					
3.					
4.					
5.					
6.					

(See rule 4.27-A)

Bill No. _____ District _____
 Voucher No. of the list of payment for _____ 19 _____, of _____ Treasury.
 Detailed Medical Bill of Shri _____
 Designation _____ for the month of _____
 Service Head Chargeable _____
 Major Head _____
 Minor Head _____
 Detailed Head _____
 Voted/Charged _____ Grant No./Appropriation _____

Grant No./Appropriation
Group Head
Sub-Head of Unit of Appropriation.

Name of the patient and relationship with Government Servant	Period of treatment		Gross claim	REMARKS
	From	To		
1	2		3	4
			Rs P.	
			Total Claim	
			Deduction advance taken	
			Net Claim	

Rs.
Passed for Rs.
District

Signature of the Government
Servant.
Signature of the Controlling
Officer.

Appropriation for 19—19 .
Rs.

Expenditure including this Bill.-----

*Strike out relation with the Government Servant if the claim relates to Government servant himself.

Contents received
Please pay to

Signature of the Government Servant,
Pay payment order No.

To The Agent, S.B.I. _____,
Pay Rs.

Dated

Treasury Officer.

Examined and entered
Treasury Accountant
For use in Audit Office;
Admitted for Rs.
Objected to Rs
Reason for objection.
Auditor

Received payment.

Superintendent

Gazetted Officer.

Note.—The bill should be supported by the essentiality certificates, receipts and bills etc.

IRRIGATION AND POWER DEPARTMENT

The 22nd September, 1970

No. 4451-PWII(2)-70/25983.—In pursuance of the provisions under section 69(5) (b) of the Electricity (Supply) Act, 1948, the Annual Statements of Account for the year 1968-69 of the Haryana State Electricity Board is hereby published for the general information of the public.

B. S. GREWAL,
Financial Commissioner, Development, and Secy.